

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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12						
13						
14						
15						
16						
17						
18	1					
19	1					
20		1	1	1		
21			1	1		
22		1	1	1		
23			1	1		
24			1	1		
25			1	1		
26			1	1		
27			1	1		
28			1	1		
29			1	1		
30		1				
31			1	1		
32			1	1		
33			1	1		
34		3	3	3		
35		3	3	3		
36		1	1	1		
37			1	1		
38			1	1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	3		12	16		
TOTAL DEP.	17	17	21	26		
TOTAL CLAIMS	24	22	27	27		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						